

ADA APPEAL TRACKING SHEET

INMATE NAME Bladesn CDC # P20045 APPEAL # 005 01931

Appeal Received

Date: 5/11/05

Verification Attached

☒ YES ☐ NO

Medical Chart Reviewed

Date: _____

Verification Obtained by Review

☐ YES ☐ NO

Appeal Forwarded for Review

Date: _____

Request for Verification

Date: _____

Verification Confirmed

☐ YES ☐ NO

Date Received: _____

Appeal Forwarded for Review

Date: _____

Unable to Verify/Consult Necessary

☐ YES ☐ NO

Appeal Suspended

Date: _____

Appointment with Outside Consult Scheduled

Date: _____

Outside Consult Completed/Report Received

Date: _____

Appeal Forwarded for Review After Suspension

Date: _____

URGENT ADA

Request for Medical Review

Verification of Disability

Inmate PLODSAW CDC# P20045, has filed a CDC 1824 requesting accommodation under ADA. His medical file has been reviewed and has no verification of the disability he is claiming. For proper processing, a CDC 1845 and a CDC 128-C listing limitation must be generated and returned to the Appeals Office prior to 5/24/08.

APPEAL # A05-01931

Please put on
Dr. Line to
have ADA
issues discussed.

Thank You

Cindy Wood

X7224

Med. Appeals

Return to Med. Appeals
L. CHURCH

ADA 1824 RESPONSE SHEET

Inmate's issue: Vertebral abnormal C-5/6 + C6-7
Severe pain in left hip, spasms, lower back
pain, dizziness

Inmate interviewed on: 5/14/05 By: W. Wahidullah MD
Date Interviewer

Inmate stated during the interview: pt wants total disability
due to his back and neck pain, & occasional spasm.

Inmate's request for accommodation is: Totally disable under ADA -
per diagnosis of physician.

The reason for the determination is: Ref to Physical
therapy for evaluation for disability,
as it could not be determined, based on pt
sitting comfortable during exam, not in any distress,
and able to walk, no weakness or numbness in arms, hands
or legs, no report of radiate of pain to the back of thigh.

If a determination cannot be made without an outside consult, please attach the order for MAR review of outside consult.

NOTE: SEND CO. OF PHYSICIAN'S ORDER TO PHARMACY AFTER EACH ORDER IS SIGNED.

Plan

Plan Dt/Tm: 09-18-2007 1257

Provider: MALO-CLINES, FNP, CHERYL

AR and etd=cont with flunisolide and add vistaril. DC allerchlor.
 NF for flunisolide sent. He did do best on nasonex, but that is NF. Hopefully
 we can improve symptoms with combination of vistaril and flunisolide.
 Discussed with psych and they are agreeable to vistaril.
 He repeatedly insisted that he have a cane. This has been a focus of many
 visits and appears he wants to renew that focus. Advised pt that he does not
 qualify for a cane. He states the ibu relieves his back pain, but he does not
 take it daily. He has set ideas on when and what he will do.
 GI-doing well on lactulose and omeprazole. Will cont.
 Communication with pt is difficult.
 RTC one mo for eval of meds

Medications

Start Dt/Tm	Medication	Strength	Rte	Freq	Duration	Provider
09-18-2007 1142	HYDROXYZINE HCL 25 MG TABLET	25 MG	PO	BID	30	MALO-CLINES, FNP, CHERYL
09-18-2007 1429	HYDROCORTISONE 1% CREAM	1 CREAM	TP	QD	90	MALO-CLINES, FNP, CHERYL
09-18-2007 1429	NYSTATIN/TRIAMCINOLONE CRM	1 CREAM	TP	BID	30	MALO-CLINES, FNP, CHERYL

Treatments

Start Dt/Tm	CPT	Treatment	Freq	Anatomical Location	Provider
09-18-2007 1306	99999	RTC ONE MO	NA		MALO-CLINES, FNP, CHERYL

Vitals

Vital Dt/Tm	Temp (F)	Pulse	Respiration	BP	Provider
09-18-2007 1104	99.1	88	18	110/80	PENKIAN, RN, STELLA

Noted

Noted Dt/Tm: 09-18-2007 2056

Noted By: SNYDER, LPT, RITA

Confidential client information
 See W & I Code, Sections 4514 and 5328

PHYSICIAN'S ORDERS

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

**NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION
TO PHARMACY AFTER EACH ORDER IS SIGNED.**

Plan

Plan Dt/Tm: 08-14-2007 1439

Provider: MALO-CLINES, FNP, CHERYL

Meds renewed.

Pt does not want naprosyn, prefers ibu.

Changed.

See cc note please

Medications

Start Dt/Tm	Medication	Strength	Rte	Freq	Duration	Provider
08-14-2007 0925	IBUPROFEN 600 MG TABLET	600 MG	PO	QDPRN	90	MALO-CLINES, FNP, CHERYL
08-14-2007 0926	ALLER-CHLOR 4 MG TABLET	4 MG	PO	BIDPRN	90	MALO-CLINES, FNP, CHERYL
08-14-2007 0928	HYDROCORTISONE 1% CREAM	1 CREAM	TP	BIDPRN	30	MALO-CLINES, FNP, CHERYL
08-14-2007 0930	DEEP SEA 0.65% NOSE SPRAY	1 SPRAY	NS	BIDPRN	90	MALO-CLINES, FNP, CHERYL
08-14-2007 0930	LACTULOSE 10GM/15ML SOLN	30 ML	PO	QD	90	MALO-CLINES, FNP, CHERYL
08-14-2007 0931	OMEPRazole 20 MG CAPSULE DR	20 MG	PO	QD	90	MALO-CLINES, FNP, CHERYL

Tests

Order Dt/Tm	Test/Instructions	Ordered By
08-14-2007 0932	GUAIAC SCREENING	MALO-CLINES, FNP, CHERYL

Vitals

Vital Dt/Tm	Temp (F)	Pulse	Respiration	BP	Provider
08-14-2007 0920	97.5	89	18	118/70	FLOWERS, RN, ANNE

Noted

Noted Dt/Tm: 08-14-2007 1455

Noted By: FLOWERS, RN, ANNE

Confidential client information
See W & I Code, Sections 4514 and 5328

PHYSICIAN'S ORDERS

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

Visit Start Dt/Tm: 12-05-2007 1204 Encounter Type: SICK CALL

Visit Reason: 7362 NURSING EVALUATION

Subjective

Entry Dt/Tm: 12-05-2007 1204 Entered By: MPIMSSYN, NAKAMURA, RN

Updated Dt/Tm: 12-05-2007 1219 Updated By: MPIMSSYN, NAKAMURA, RN

"I have a black ass and I'm proud of it." Repeated over and over. Would not answer any of my questions about the sickcall slip. Saying something about "Bitch" and motherfucker. Again. "I have a black ass and I'm proud of it." "Get away from the cell, Motherfucker!" "I'm going after that Bitch in court." (A reference to NP Malo-Clines.) Repeated the word Bitch many times. Had a few words that said, fuck you.

Objective

Other

Name: Physical assessment and cellfront interview

Provider: NAKAMURA, RN, STEVE

Other Dt/Tm: 12-05-2007 1215

Notes: Alert and oriented. Refused vitals and physical exam. Yesterday, Inmate Bloodsaw called me a mother fucker numerous times and refused the medication prescribed by NP Malo-Cline. This morning patient threw the Benadryl and Doxycycline into the trash can. When asked if he would come to the clinic to be examined, patient did not answer any questions and made many statements that were derogatory. Sickcall slip states, "I urgently need medical attention for muscle spasms, sever pain in my neck, lower back, left hip. I need proper pain medication and head cold. I am refusing and avoiding contact with Malo-Clines, M>D> unprofessional skills.

PHYSICIAN'S PROGRESS NOTES

CDC 7230

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

Assessment

Medical Diagnosis

Code: 724.5 Description: BACK DISORDER
 Axis: GAF: Status: COMPLETE Provider: MALO-CLINES, FNP, CHERYL
 Diagnosis Dt/Tm: 08-14-2007 0925 Resolve Dt/Tm: 11-30-2007 1129 Priority:
 Notes:

Code: 9991 Description: EARS, NOSE, & THROAT DISEASE
 Axis: GAF: Status: CURRENT Provider: MALO-CLINES, FNP, CHERYL
 Diagnosis Dt/Tm: 08-16-2007 1516 Resolve Dt/Tm: 00-00-0000 0000 Priority:
 Notes:

Code: 959 Description: INJURY / TRAUMA
 Axis: GAF: Status: COMPLETE Provider: MALO-CLINES, FNP, CHERYL
 Diagnosis Dt/Tm: 04-13-2007 1524 Resolve Dt/Tm: 11-30-2007 1129 Priority:
 Notes:

Code: V70.3 Description: NORMAL EXAM
 Axis: GAF: Status: COMPLETE Provider: MALO-CLINES, FNP, CHERYL
 Diagnosis Dt/Tm: 08-16-2007 1245 Resolve Dt/Tm: 11-30-2007 1128 Priority:
 Notes:

Code: 9992 Description: NURSING DIAGNOSIS
 Axis: GAF: Status: COMPLETE Provider: JOHNSON, RN, ERICKA
 Diagnosis Dt/Tm: 09-26-2006 1320 Resolve Dt/Tm: 12-05-2007 1220 Priority:
 Notes:

PHYSICIAN'S PROGRESS NOTES

CDC 7230

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

Assessment**Medical Diagnosis**

Code: 9992 Description: NURSING DIAGNOSIS
 Axis: GAF: Status: COMPLETE Provider: KEYS, MTA, JAMES
 Diagnosis Dt/Tm: 04-12-2007 2020 Resolve Dt/Tm: 11-30-2007 1129 Priority:
 Notes:

Code: 9992 Description: NURSING DIAGNOSIS
 Axis: GAF: Status: CURRENT Provider: NAKAMURA, RN, STEVE
 Diagnosis Dt/Tm: 12-05-2007 1220 Resolve Dt/Tm: 00-00-0000 0000 Priority:
 Notes:

Code: 733.90 Description: ORTHOPEDIC DISORDER
 Axis: GAF: Status: COMPLETE Provider: WILLIAMS, MD, CLAIRE
 Diagnosis Dt/Tm: 10-09-2007 0949 Resolve Dt/Tm: 11-30-2007 1128 Priority:
 Notes: left hip pain

Code: 733.90 Description: ORTHOPEDIC DISORDER
 Axis: GAF: Status: CURRENT Provider: WILLIAMS, MD, CLAIRE
 Diagnosis Dt/Tm: 10-16-2007 0908 Resolve Dt/Tm: 00-00-0000 0000 Priority:
 Notes: back pain

Code: 593 Description: RENAL / UROLOGICAL DISORDER
 Axis: GAF: Status: CURRENT Provider: MALO-CLINES, FNP, CHERYL
 Diagnosis Dt/Tm: 11-30-2007 1437 Resolve Dt/Tm: 00-00-0000 0000 Priority:
 Notes:

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

Assessment**Medical Diagnosis**

Code: 999999 Description: NECK PAIN
 Axis: GAF: Status: COMPLETE Provider: MARINO, MD, RICK
 Diagnosis Dt/Tm: 01-18-2006 1033 Resolve Dt/Tm: 08-18-2006 1824 Priority:
 Notes:

Code: 999999 Description: TINEA CORPORIS
 Axis: GAF: Status: COMPLETE Provider: SWINEY, MD, JENNIFER
 Diagnosis Dt/Tm: 03-21-2006 0815 Resolve Dt/Tm: 08-18-2006 1824 Priority:
 Notes:

Code: 999999 Description: ALT BLOOD SUGARS PER LAB
 Axis: GAF: Status: COMPLETE Provider: ELLIOTT, RN, CATHERINE
 Diagnosis Dt/Tm: 03-29-2006 1538 Resolve Dt/Tm: 08-18-2006 1824 Priority:
 Notes:

Code: 999999 Description: NURSING DIAGNOSIS
 Axis: GAF: Status: COMPLETE Provider: RASMUSSEN, RN, MARGARET
 Diagnosis Dt/Tm: 07-20-2006 1306 Resolve Dt/Tm: 08-11-2006 1605 Priority:
 Notes:

Code: 999999 Description: AXIAL SKELETAL
 Axis: GAF: Status: COMPLETE Provider: MALO-CLINES, FNP, CHERYL
 Diagnosis Dt/Tm: 08-11-2006 1604 Resolve Dt/Tm: 11-30-2007 1128 Priority:
 Notes:

PHYSICIAN'S PROGRESS NOTES

CDC 7230

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

Assessment**Medical Diagnosis**

Code: 999999 Description: ENT
 Axis: GAF: Status: COMPLETE Provider: MALO-CLINES, FNP, CHERYL
 Diagnosis Dt/Tm: 08-11-2006 1605 Resolve Dt/Tm: 08-29-2006 1640 Priority:
 Notes:

Code: 999999 Description: GI
 Axis: GAF: Status: COMPLETE Provider: MALO-CLINES, FNP, CHERYL
 Diagnosis Dt/Tm: 08-31-2006 1506 Resolve Dt/Tm: 11-30-2007 1129 Priority:
 Notes:

Plan

Provider: NAKAMURA, RN, STEVE Plan Dt/Tm: 12-05-2007 1223 Completed By:
 Completed Dt/Tm: Patient Education: N Phone Order Status: NONE
 Entry Dt/Tm: 12-05-2007 1220 Entered By: MPIMSSYN, NAKAMURA, RN

A: Ineffective management of therapeutic regimen rt refusal of treatment and vulgar language.

Will write a 115 if patient continues to be abusive. Will place on PCP line for his muscle spasms and headcold written on the sickcall slip.

Order**PHYSICIAN'S PROGRESS NOTES**

CDC 7230

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

Visit Start Dt/Tm: 11-30-2007 0830 Encounte re: SICK CALL

Visit son: 7362 PCP EVALUATION

Subjective

Entry Dt/Tm: 11-30-2007 1129 Entered By: MPIMSCLMC , MALO-CLINES, FNP

Updated Dt/Tm: 11-30-2007 1432 Updated By: MPIMSCLMC , MALO-CLINES, FNP

Pt states he gets pain in his left hip, low back and neck at times. He also wants to know why we are doing things to him that we would not do to ourselves, such as the barium enema he had to do. He wants medicine for head cold and states the allerchlor does not work. He states he is concerned because he used to be healthy and young, now he has to take lactulose just to go to the bathroom. He also mentions that he is not urinating as he used to. He states he is up twice at night, having some dribbling at end of stream, urgency, then has a hard time starting stream. Denies odor, no discoloration

Objective**Vitals**

Vitals Dt/Tm: 11-30-2007 1107 Temp (°F): 98.4 Pulse: 72 Respiration: 18

Blood Pressure: 120/70 Wgt: 152 Hgt: ' " Provider: TIMME, SR RN , DAVID

Notes:

Other

Name: pe

Provider: MALO-CLINES, FNP , CHERYL

Other Dt/Tm: 11-30-2007 1432

Notes: a/o x3, somewhat rambling speech today abt people doing things to him that he does not want done. Sclera and conjunc clear. Nares are erythematous, moderate amt clear mucus, PP erythematous. Neck is supple, neg nodes. HRR CTA. no r/r/w. Abd is soft, nt, hypoactive bs. No suprapubic tenderness. DRE shows enlarged prostate, smooth, sulcus palpated. Quite tender, esp laft lateral lobe. No peripheral edema.

PHYSICIAN'S PROGRESS NOTES

CDC 7230

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

Assessment**Medical Diagnosis**

Code: 999999 Description: ENT
 Axis: GAF: Status: COMPLETE Provider: MALO-CLINES, FNP, CHERYL
 Diagnosis Dt/Tm: 08-11-2006 1605 Resolve Dt/Tm: 08-29-2006 1640 Priority:
 Notes:

Code: 999999 Description: GI
 Axis: GAF: Status: COMPLETE Provider: MALO-CLINES, FNP, CHERYL
 Diagnosis Dt/Tm: 08-31-2006 1506 Resolve Dt/Tm: 11-30-2007 1129 Priority:
 Notes:

Plan

Provider: MALO-CLINES, FNP, CHERYL Plan Dt/Tm: 11-30-2007 1456 Completed By:
 Completed Dt/Tm: Patient Education: N Phone Order Status: NONE
 Entry Dt/Tm: 11-30-2007 1438 Entered By: MPIMSCLMC, MALO-CLINES, FNP

BI-pt is concerned abt use of medications. He cont to refuse the colonoscopy.
 He agrees to keep using the lactulose and omeprazole. But he is not pleased.
 BU-pt may have prostatitis, r/o bph. Will request UA, treat for one mo, then
 evaluate. He does agree to have labs drawn.
 He is requesting some meds for pain again. Previous dc ibu as he stated it was
 not working. Will rx tylenol for prn use.
 RTC one mo, eval prostate.

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

CDC 7230

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

Visit Start Dt/Tm: 10-30-2007 0719 Encounter: SICK CALL

Visit: 7362 NURSING EVALUATION

Subjective

Entry Dt/Tm: 10-30-2007 0720 Entered By: MPIMSSYN, NAKAMURA, RN

Updated Dt/Tm: 10-30-2007 0728 Updated By: MPIMSSYN, NAKAMURA, RN

You are not a doctor. You are not a doctor. That sickcall from yesterday was about my sinuses and chestpain. The other two were thrown away by the MTA. That motherfucker (a reference to C/O Sullenger) demanded that I stand up for count. I demanded to see the doctor. Its in my files. Repeated over and over. I'm playing for money. I have a disability. I am taking this to the top. It is going to Washington DC. I'm playing for money.

Objective**Other**

Name: Physical assessment and cellfront interview.

Provider: NAKAMURA, RN, STEVE

Other Dt/Tm: 10-30-2007 0724

Notes: Alert and oriented. Using very vulgar language. Refused to talk to me about his muscle spasms and dizziness. Repeated over and over that it was in his files. Claiming that he is playing for big money because he has a disability.

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

CDC 7230

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

Visit Start Dt/Tm: 05-07-2007 0930 Encounter: SICK CALL

Visit Function: 7362 PCP EVALUATION

Subjective

Entry Dt/Tm: 05-07-2007 1216 Entered By: MPIMSBJ, JAIN, MD

Updated Dt/Tm: 05-07-2007 1331 Updated By: MPIMSBJ, JAIN, MD

inmate is here for multiple issues he has been followed under cc for GERD and constipation. he is running out all meds and wants to renew those, inmate has been taking prilosec for GERD seen on recent upper GI. prilosec has been controlling symptoms.

inmate also has hx of constipation x 10 yrs and has been on lactulose and docusate. states only lactulose helps him. he recently had barium enema done but study was not optimal due to poor preparation.

he also wants to get allergy meds renewed he has been using CTM and nasonex but also has been c/o nose bleed on and off.

inmate was also in altercation about 2-3 wks ago states since then neck back and LT hip has worsen. inmate already had preexisting problems with these. denies any dizziness or neurological symptoms.

Objective**Other**

Name: exam

Provider: JAIN, MD, BHAWNA

Other Dt/Tm: 05-07-2007 1331

Notes: inmate sitting comfortably no distress. has dec hearing.
 HEENT- nt nc, neck stable, FROM no dizziness on neck movement
 nose- no bleeding point, mild swelling of mucosa.
 cvs s1 s2 wnl
 lung clear
 abdomen soft nontender BS +
 ext no edema
 back- no tenderness, FROM, SLR wnl
 hip FROM
 neuro aaox3 no motor or sensory deficit.

PHYSICIAN'S PROGRESS NOTES

CDC #: P20045

Name(L,F,M,S): BLOODSAW, THEOPRIC

CDC 7230

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

NAME: BLOODSAW CDC#: P20045 HOUSE: A2-118 DATE: 6-22-05 PBSP 128-C

☒ On the above date, this inmate appeared at Institutional/Unit Classification Committee (ICC/UCC) for the purpose of initial. He was interviewed by the undersigned Mental Health Clinician, and the inmate's Central File was reviewed.

☐ The inmate refused to appear at ICC/UCC.

BEHAVIORAL OBSERVATIONS:

Grooming was in / appropriate;

Speech was un / intelligible;

Comprehension process was in / adequate;

Other: argumentative**MENTAL HEALTH SERVICES RECOMMENDATIONS:**

☐ No treatment needed at this time.

☐ Evaluations for: Screen MH

☐ Initial Therapy to address: _____

☐ Other services to include: _____

☐ Current Health Record review reveals no evidence of change in mental health needs since the previous Security Housing Unit Mental Health Screening chrono dated: _____ REVIEWED BY: _____

cc: C-File
Health Records
CC-II

D. Roy Lewis
Clinician

NAME: BLOODSAW CDC#: P20045 HOUSE: A2-118 DATE: 6-22-05 PBSP 128-C

ICC.DOC

Information utilized for completion of this chrono was obtained from the unit health record and previous clearance completed on _____:

1. ☐ Meets criteria for inclusion in the Mental Health Services Delivery System (MHSDS). Circle appropriate level of care: CCCMS/EOP/MHCB/DMH
2. ☐ Has additional Pelican Bay State Prison-SHU exclusionary criteria: Delusional disorder; Schizophreniform disorder; Schizoaffective disorder; Brief psychotic disorder; Substance induced psychotic disorder (excluding intoxication and withdrawal); Psychotic disorder not otherwise specified; Major Depressive disorder; Bipolar Disorder I or II; any mental disorder which includes inmate being actively suicidal; any mental illness characterized by breaks with reality or perceptions of reality leading to significant functional impairment; Organic Brain Syndrome consistent with significant functional impairment; severe personality disorder manifested by frequent episodes of psychosis or depression and resulting in significant functional impairment; mental retardation.
- * 3. ☒ Does not meet criteria for inclusion in the Mental Health Services Delivery System (MHSDS) and does not have additional exclusionary criteria (see #2 above) that would prohibit PBSP-SHU placement.

Date: 3/1/04 Institution: PBSP Clinician: A. TAGLIAFERRI, Ph.D.

*The present assesment is based upon information from the CDC Reception Center Screening Instrument.

cc: C-File
CCII
Health Record

Chronological Interdisciplinary Progress Notes State of California, Department of Corrections - Pelican Bay State Prison

Date: 12-11-2007 Time: 1000 Chart available? YES Reason for visit? MH CM REFERRAL BY ME Location of Visit: MH ASU

Entry By: PASCOE, PSY.D, JACK

Entry Dt/Tm: 12-11-2007 1109

I/M scheduled for mh eval subsequent to routine referral from FNP Clines for inappropriate behaviors (yelling at Rn's and PT's, refusing some meds for medical condition from selected medical personnel) and being verbally assaultive (calling nurses black mother fucking bitches). I/M refused to leave cell for 1:1 interview with mh clinician. At cell front, he angrily and aggressively stated he had no interest in mh care.

A review of UHR re past mh interventions revealed a similar pattern of behavior (verbally assaultive to staff, inappropriate outbursts, racial accusations) along with angry refusals to talk to mh staff upon referral. In this regard, a Progress Note dated 02/27/07 indicated the I/M was rude to the clinician as he refused to leave his cell for an interview. Another note dated 05/21/07 indicated the I/M had been referred by custody for pressured speech, verbal abuse and irrational behavior and upon contact by a mh clinician again refused mh intervention. Another note dated 09/17/07 stated that the I/M made angry abusive statements re not wanting any mh assistance to the mh clinician after being contacted subsequent to a referral from a LPT.

In addition, the record revealed that over the past decade or so, despite the I/M's non-participation in treatment, that along with a nasty disposition, he has been variously assessed as possibly suffering from either a psychotic or schizophrenic or mood disorder. In this regard, however, various clinicians have noted that his overall daily functioning (hygiene, taking food, compliance with medical tx, etc.) was judged to be adequate and not indicative of the necessity to institute proceedings to establish non-voluntary compliance with mh tx.

Both custody and medical staff were consulted today re I/M's current functioning. Their reports mirror what has been documented previously as noted above. That is, the I/M is highly contentious and verbally abusive to staff in an unreasonable manner. However, his overall functioning is at a level that does not support an assessment that he is gravely disabled or DTS or DTO. That is, he does not significantly disrupt the general custody/ASU program, takes his meals, keeps himself and his cell clean and is mostly compliant (although in a decidedly unpleasant way) with his medical treatment.

Current Clinical Impression: I/M consistently displays a nasty, verbally aggressive disposition which may be driven, at least in part, by an underlying mental illness composed of persecutory delusions and/or a schizophrenic process. However, such a clinical determination/diagnosis has not been possible to establish to date. Accordingly, there is insufficient data to support a finding that the I/M is GD, DTS or DTO. Given his apparent capacity and ability to function at an adequate level in terms of his general daily program and his steadfast refusal to voluntarily accept mh tx, there is not a sufficient clinical basis for placing him in the MHSDS at this time.

☒ SEE PAGE 2

Signature:

Print Name:

Phd / LCSW / MD / PsyTech/ Other:

<p>MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTE MH2 (10/11/07)</p>	<p>Level of Care INPATIENT</p>	<p>Last Name: BLOODSAW</p>	<p>First Name: THEOPRIC</p>	<p>MI:</p>
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CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

MH3 ASU PROGRESS AND MINUTES - IDTT PROGRESS AND MINUTES NOTES

Assign Primary: J. Moulton Ph.D. Date of Arrival: 00-00-0000 0000 Purpose: DISCUSSION

IDTT Members:

MANDEL, PHD, DAVID M. PHDC; MOULTON III, PHD, JOHN L. PHD; JACKINSKY, PSYNP, TIMOTHY E. ; DAVIS, DSW, BRENDA C. LCSW; ROY, DSW, DAVID J. LCSW; TOMAR, PSYME, DIANE MD

CURRENT DIAGNOSIS:

AXIS I:

AXIS II:

AXIS III:

AXIS IV:

AXIS V:

GAF: LOC:

CURRENT PROBLEMS:

Mr. Bloodsaw is rather hostile and verbally abusive. Custody and medical staff are aware of his behaviors. The record was reviewed; a history of various psychotic disorder diagnoses are noted. However, Mr. Bloodsaw is rejecting all efforts at intervention at the present time, and since he is taking adequate care of himself and does not appear to present any risk of harm to himself or others, he does not meet criteria for initiation of a Keyhea order. He was presented in IDTT today so that all staff could be informed about his case.

CURRENT TREATMENT PLAN:

N/A

ANTICIPATED LENGTH OF STAY: N/A

NEXT REVIEW DATE:

ADDITIONAL COMMENTS:

IDTT held today, Wednesday, September 19, 2007. The inmate was not present; CC I M. Becker attended the meeting. Other attendees: H. Parsley, LPT; Officer Eggen.

MOULTON III, PHD, JOHN

SIGNATURE

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH3 [4/6/00]	LEVEL OF CARE INPATIENT	Last Name: BLOODSAW CDC#: P20045	First Name: THEOPRIC HOUSE: A02U202L
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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:

PBSP

LOG NUMBER:

A-04-02445

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

A-2 125L

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
Bloodsaw Theopric	P20045	N/A	N/A	A-2 125L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

Vertebral Blow to head 1977 Dizziness since, Cervical Spine

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

They are attached to this form the ones I have in my possession medical documents

DESCRIBE THE PROBLEM:

I have left eardrum damage, shot in left leg or hip, shot in upper left chest, Abnormal C-5/6 interspace, (1) Reversal of cervical curvature, (2) Degenerative disc disease, (3) Fractures verses superimposed position artifact of C-1 as described, this may be secondary to positioning or muscle spasms
to many problems from my cellie's

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

I want the Americans With Disabilities Act, and assigned disable, I would also like to be assigned single cell status, this may be secondary to positioning or muscle spasms.
Imminent danger of serious physical injury

T. Bloodsaw
INMATE/PAROLEE'S SIGNATURE

8-23-04
DATE SIGNED

STATE OF CALIFORNIA

REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST
CDC 1824 (1/95)

INMATE/PAROLEE REGION:

PBSP

LOG NUMBER:

A05-01931

CATEGORY:

1B. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

USE AS ORIGINAL

A2-103

INMATE/PAROLEE'S NAME (PRINT)

Bloodsaw Theopric

CDC NUMBER

P20045

ASSIGNMENT

N/A

HOURS/WATCH

N/A

HOUSING

12-125

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Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

Vertebral abnormal C-5/6 interspace, C6-C7 abnormal cervical lordosis, severe pain in left hip, spasms, lower back pain, Dizziness

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

My medical documents they are attached

DESCRIBE THE PROBLEM:

Shot in my left hip severe pain, Abnormal C 5/6 interspace, C6-C7 Degenerative disc disease, Spasms, Dizziness, lower back pain a L.A. County Sheriff's Deputy came down on my lower back with both of his knees

3350. Provision of Medical Care and Definitions.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

Totally or

Totally disable Americans With Disabilities Act, I want to be diagnosed by a physician as totally disable. 3044.1(B) An inmate diagnosed by a physician and/or psychiatrist as totally disable shall remain in Privilege Group A unless changed by disciplinary action.

T. Bloodsaw

INMATE/PAROLEE'S SIGNATURE

5-3-05 5-4-05

DATE SIGNED

18 T. Bloodsaw
MAY 20 2005
MAY 11 2005

71

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST
CDC 1824 (1/95)

INMATE/PAROLEE REGION:

LOG NUMBER:

CATEGORY:

PBSP1

B06-02075

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)

CDC NUMBER

ASSIGNMENT

HOURS/WATCH

HOUSING

Bloodsaw Theopric

P20045

N/A

N/A

188-120

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

Cervical Spine, Abnormal C-5/6 interspace C-1, C-5/C-6, C5-6, C6-C7, and C4 Dizziness, Muscle spasms, gunshot in left hip, lower back pain

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

My medical documents X-RAY reports, Police incident report on 11-8-02 when I was attacked severely beaten for malice reasons and they contributed to the new spinal injuries in my neck

DESCRIBE THE PROBLEM:

Severe pain and discomfort, Spasms, Dizziness

U.S.C. Amendments

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

Total disable (ADA) CDC 1824. 42 U.S.C. 12131 et seq. (ADA) 29 U.S.C. 7914 (Rehabilitation Act) Pennsylvania Dept. of Corrections v. Yeskey (1998) 524 U.S. 206 (118 S.Ct. 1952; 141 L. Ed. 2d 215)., 3377.1. Inmate Custody Designations. 3375. Classification Process.

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

T. Bloodsaw

8-9-06

1ST/HCM

2ND/HCM

2/28/06

SEP 14 2006

NAME: Bloodsaw Theopric

CDC NO: P20045 HOUSING: B8-113

PELICAN BAY STATE PRISON
P.O. BOX 7500
CRESCENT CITY, CA 95532

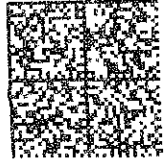
PELICAN BAY
G.P.
UNIT B-8

RECEIVED

MAY 19 2008
RICHARD W. WILKINS
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

14
JH

PELICAN BAY STATE PRISON
5905 Lake Earl Dr
Crescent City CA 95532



UNITED STATES
02 1M
00042
MAILER

United States Dist.
For the Northern District of
ATTN: Clerk
450 Golden Gate Av
PO Box 36060